



Wisconsin Shares Child Care Assistance Manual

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3.1.0 REIMBURSEMENT POLICIES

Wisconsin Shares child care assistance program reimbursement is subject to the provisions set forth in Wisconsin's federally approved state plan for use of the Child Care Development Fund (CCDF) and the Temporary Assistance for Needy Families (TANF) block grant funds, current state and federal law, administrative rules, and departmental policies.

3.1.1 Reimbursement for Participation in Approved Activities

The Wisconsin Shares child care assistance program only reimburses child care provided to enable a parent to participate in a specific approved activity associated with the authorization (See Approved Activities).

3.1.2 Two-Parent Families

A child care administrative agency may authorize child care for a two-parent family only if both parents are participating in an approved activity as defined in this manual, or if only one parent is participating in an approved activity and the other parent is unable to participate in an approved activity and is unable to care for the child due to a disability or health condition as verified by a doctor, psychiatrist, or psychologist (See Approved Activities, Chapter 1).

3.1.3 Person Legally Responsible for Child Cannot Be Reimbursed

Wisconsin Shares child care assistance may not be reimbursed to a person who is legally responsible for the child (See Section 3.6.1.4 Authorizations for Parents who are Family Child Care Providers).

3.1.4 Parental Choice

Parents have the right and responsibility to choose a regulated child care provider for their child, except that parents may use in-home child care only if one of the policy criteria for in-home care is met (see 3.4.16 In-Home Child Care).

3.1.5 No Payment until Actual Attendance

No child care assistance payment will be made until actual attendance takes place.

3.1.6 Sleep Shift Child Care

In a household where a parent works third shift and requests child care during daytime hours in order to sleep, child care can be authorized if all other financial and nonfinancial requirements are met. Eligibility is based on the need to sleep during daytime hours in order to remain employed. The local agency can negotiate with the parent the amount of sleep time authorized per week. The same family may also request child care for the hours of employment. The total number of hours of both authorizations combined cannot exceed 75 hours of child care. Create a second authorization if the weekly number of hours exceeds 50. The first authorization should be 50 hours and the second the remaining number (up to 25 hours).

3.1.7 Two Weeks of Zero Hour Attendance on Enrollment Authorizations

Payment is issued when one week of zero hour attendance is entered on an Enrollment Based authorization. No payment will be issued when two or more consecutive weeks of zero hour attendance have been entered.

If a second consecutive week of zero hour attendance on an Enrollment Based authorization is entered (after payment has been made for the first week of zero hour attendance), no payment will be made for that week of attendance and a negative adjustment will be created by CSAW for the first week of zero hour attendance.

3.2.0 CHILD CARE REGULATION

3.2.1 Introduction

Wisconsin law, s. 48.65 Wis. Stats, requires anyone providing child care and supervision for compensation to four (4) or more children under seven (7) years of age to be licensed by the state. Exceptions to this law include:

- Care provided by relatives.
- Care in a child's own home.

- Programs run by private/public or parochial or tribal K-12 schools. These programs are required to meet the state child care licensing standards, though they are not licensed.

To be **reimbursed** for child care by the **Wisconsin Shares Program**, child care providers must be:

- Licensed; or
- Certified; or
- Operated by a **public school board**. In order to receive Wisconsin Shares, Parochial or tribal K-12 schools must be either licensed (if caring for children under age 7) or certified as a school age program (if *only* caring for children over the age of 7).

3.2.2 Licensing

Licensing rules create separate requirements for three categories of licensed child care:

- Group Child Care Centers. These serve nine (9) or more children.
- Family Child Care Centers. These serve four (4) to eight (8) children.
- Day Camps.

Licensing is done by the Department of Children and Families (DCF) through its regional offices.

Licensed Group Child Care Centers and Licensed Family providers are required to participate in YoungStar before they can receive a Wisconsin Shares authorization.

At this time, Licensed Day Camps are not required to sign a contract and are not eligible to participate in YoungStar. They will continue to be eligible to receive Wisconsin Shares reimbursement at 100% of the current rate.

Licensing is not required for most informal child care settings, because these do not meet the licensing minimum of four (4) children in care.

Providers exempt from licensing must meet health and safety standards to be certified. These standards include restrictions on the number of children in care.

3.2.3 Certification

Certification is required for those child care settings not requiring licensing under s. 48.65 Wis. Stats., and where it is a condition for public funding. County/Tribal agencies are responsible for certifying family and school age child care providers.

There are two (2) levels of certification for family child care providers who meet the requirements:

- Regular Certification.
- Provisional Certification.

School age programs that serve children that are seven (7) years and older may seek certification.

3.2.4 Reimbursement Only for Regulated Care and Exceptions

Wisconsin Shares' reimbursement for child care is limited to child care provided by a regulated child care provider (See Section 3.2.0 Child Care Regulation), unless one of the following exceptions exist:

- The care is an arrangement for Wisconsin Works (W2) or FoodShare Employment and Training (FSET) program enrolled parents in training, orientation or counseling programs and the child care is provided at the training, orientation or counseling site.
- The care is a short-term arrangement when a child is ill and not able to receive care from the child care provider that was authorized, or the child care provider has an emergency due to illness or other circumstance.
- The care permits a Wisconsin Works applicant to participate in job search, training, or orientation in the Wisconsin Works program, prior to the development of an employment plan.
- The care is for a FoodShare Employment and Training program enrollee to attend a program activity prior to the development of an employment plan.

See the Rates for Unregulated Care section for restrictions on reimbursement for unregulated care.

3.3.0 PROVIDER RECORDS IN CHILD CARE STATEWIDE

ADMINISTRATION ON THE WEB (CSAW)

3.3.1 Provider Information in CSAW

Certified and licensed provider records are created in the Wisconsin Child Care Regulatory system (WISCCRS) and are automatically sent over to CSAW once the provider's regulation has been approved.

Since records for unregulated, out-of-state and public school age programs are not entered into WISCCRS local administrative agencies must create files for these types of providers in CSAW before being able to enter authorizations. See CSAW Provider Management User Guide for instructions at:

<http://dcf.wisconsin.gov/childcare/wishares/CSAW/pdf/pm.pdf>

3.3.2 W-9 Requirement

Local child care administrative agencies maintain responsibility obtaining and entering accurate W-9 form data in CSAW for public schools, out-of-state providers and unregulated providers.

Child care certifiers and licensors obtain W-9 forms for all other providers.

Child care providers are responsible for submitting new W-9s to the local administrative or regulatory agency whenever any of the information changes.

A completed and signed W-9 form must be collected from a child care provider and entered into WISCCRS before it will accept an authorization.

3.3.3 1099 End of the Year Tax Statement

Child care providers who are corporations receive 1099's from the Department and are solely responsible for filing their tax information.

The Department annually sends 1099 tax statements to non-corporation providers and centers that received at least \$600 from the Wisconsin Shares child care assistance program that are marked as "individual/partnership/sole proprietor" in CSAW. The 1099 forms are not sent to providers that are marked as corporations.

The local agency must enter the provider name, tax identification number (TIN) and corporation status for public schools, out-of-state providers and unregulated providers into CSAW accurately in order to ensure that IRS 1099 forms will be issued correctly (referred to as the 1099 hereafter).

The Internal Revenue Service (IRS) has repeatedly identified errors in 1099s that have been issued by the department to child care providers. The main reason for these errors is that the provider name and TIN on the 1099 do not match the name and TIN that the IRS has on file. The IRS has previously issued fines to the department due to the excessive number of mismatches. It is imperative that the most accurate provider data is maintained in CSAW and WISCCRS.

A key part of showing due diligence is the collection of the Taxpayer Identification Number Verification form (also known as the Substitute W-9 form) prior to information being entered into CSAW that effects the 1099. Data needs to be verified prior to entering or making changes in CSAW in order to ensure that correct 1099s are issued.

3.4.0 CHILD CARE SUBSIDY REIMBURSEMENT RATES

3.4.1 Introduction: County Maximum Reimbursement Rates

The Wisconsin Shares child care assistance program reimburses child care providers based on a maximum rate set by the department minus parental co-payment amounts.

Co-payment amounts are determined based upon Federal Poverty Level guidelines for family income and size, and the number of children needing child care.

The intent of setting county maximum reimbursement rates is to establish child care subsidy reimbursement rates that are reflective of private market rates so that parents using Wisconsin Shares subsidy program have a wide variety of providers to choose from. The department sets only the maximum reimbursement rates; it does not set child care provider private rates.

The Bureau of Child Care Administration (BCCA) determines the maximum weekly and hourly rates by type of child care program (group or family), by whether they are certified or licensed and by age of the child, as specified in DCF 201.06.

The method for determining rates is based on a rate survey to determine the actual costs of child care. BCCA groups individual county rates into one of four rate zones by the percentage of that county's population that resides in an urban area. Tribes are grouped with the county in which they are geographically located.

The Department has the authority to freeze the maximum county reimbursement rates.

3.4.2 Provider's Private Rates

The local child care subsidy administrative agency must first collect the provider's rate that s/he charges for private-pay parents before an authorization can be created to a licensed provider/center. The child care provider/center must submit this information in writing.

Private rates do not need to be collected for certified child care providers.

3.4.3 Provider Rate Survey

The method for determining maximum rates is based on a rate survey to determine the actual costs of child care. This is the amount regularly charged by the provider to a parent who pays for the child care services out of his or her personal funds.

Only licensed group and family child care providers meeting all of the following criteria are surveyed:

- Funded by parent fees (Head Start or 51.437 funding should not be surveyed);
- Offering open enrollment to the general public (employer sponsored programs only open to employees should not be surveyed);
- Provide full-time care, five days a week at least five hours a day.

Note: Programs that are open part of the year can be included in the survey as long as they are open at least five days/week and five hours/day.

Current weekly prices should be obtained for four age groups:

- Birth through age 1
- Age 2 through age 3
- Age 4 through age 5
- Age 6 through age 12 (this should include full-time as well as before and after school care).

If a provider reports multiple prices within an age group, the highest price within that age group is included in the survey. If the provider has multiple part time rates choose one that reflects about 20 hours of care per week.

Example: ABC day care reports the following rates in the survey:

Newborn to 2.5 years = \$200/week

2.5 years to 4 years = \$180

The worker would enter \$200 for the infant rate (0-2 years), but also report \$200 for 2 thru 3 years.

3.4.4 Maximum Rate-Setting Method—Percentage of Urbanization

The BCCA groups tribes with the county in which they are geographically located, and groups individual county rates into one of four rate zones by the percentage of that county's population that resides in an urban area (0-24%--most rural, 25-49%, 50-74%, and 75-100%--most urban). BCCA sets maximum weekly rates so that they will pay for

75% of available child care slots in the rate zone. The rate zones are listed on the next page.

BCCA uses the divisor 35 hours per week for each zone and category of care to convert a weekly full-time child care cost to an hourly (part-time) rate.

Maximum hourly rates for Regularly Certified providers are set at 75 % of the licensed family hourly rate and hourly rates for Provisionally Certified providers are 50% of the licensed family hourly rate. Weekly ceilings are not set for certified providers; however, the weekly payments are capped at the licensed family weekly maximum.

BCCA sets rates for the following provider types:

Licensed group:

The weekly rate is calculated first, and then the weekly rate is divided by 35 to achieve an hourly rate. These rates are also used when calculating authorizations for programs operated by a public school district and certified school age programs.

Licensed family:

The weekly rate is calculated first, and then the weekly rate is divided by 35 to achieve an hourly rate.

Regularly certified family provider:

The rates are set at 75% of the licensed family hourly rate.

Provisionally certified family providers:

The rates are set at 50% of the licensed family hourly rate

The rate zones are as follows:

A (0-24%)	B (25-49%)	C (50-74%)	D (75-100%)
Adams	Ashland/Bad River	Calumet	Brown/Oneida Tribe
Bayfield/Red Cliff	Barron	Douglas	Dane
Buffalo	Chippewa	Fond du Lac	Eau Claire
Burnett	Columbia	Manitowoc	Kenosha
Clark	Crawford	Marathon	La Crosse
Florence	Dodge	Jefferson	Milwaukee
Forest/Sokaogon	Door	Outagamie	Racine
Iowa	Dunn	Ozaukee	Rock
Juneau	Grant	Portage	Waukesha
Kewaunee	Green	Sauk	Winnebago
Lafayette	Green Lake	Sheboygan	
Marquette	Iron	Walworth	
Menominee	Jackson	Washington	
Oconto	Langlade	Wood	
Pepin	Lincoln		
Polk	Marinette		
Price	Monroe		
Sawyer/ La Courte Oreilles	Oneida		
Shawano	Pierce		
Taylor	Richland		
Trempealeau	Rusk		
Vernon	St Croix		
Vilas/Lac du Flambeau	Waupaca		
Washburn			
Waushara			

3.4.5 Updating the Provider Rates in CSAW

Local administrative agencies must update licensed provider rates in CSAW with any new or changed data from the rate survey.

Part time rates: If the provider does not report part time rates but reports an hourly rate, multiply the hourly rate by 20 and enter that amount in CSAW.

Enter the rate effective date as the date the provider has indicated the rates to be effective (this cannot be in the past if there are authorizations in place).

In addition, local agencies must update licensed provider rates in CSAW whenever a child care provider submits new rates.

There is no need to enter rates if the provider rate has not changed as compared to the rates currently in CSAW.

Example:

The survey results show that the licensed family rate for infants is \$200/week. The hourly rates would be as follows:

LFAM = \$5.71 (\$200/35)

REGC = \$4.28 (\$5.71 X .75)

PROC = \$2.85 (\$5.71 X .50)

3.4.6 Special Needs Children

Higher reimbursement rates may be authorized for special needs children as determined by the local agency. Special needs children do not automatically qualify for a higher reimbursement rate. *Instead, their rates are determined by local agency workers on a case-by-case basis and higher rates are to be established to reflect increased costs that the child care provider incurs to be able to provide child care to a special needs child. If care is provided by a licensed provider, weekly county maximum rates may be exceeded.* If a child age 13 or older is verified to have special needs but

the provider does not incur extra costs to provide care, the local agency should use the provider's or county maximum rate for 12 year olds, whichever is less.

If a local agency determines that a case requires a higher reimbursement rate, they must negotiate an appropriate beginning reimbursement rate with the provider that reflects the increased costs incurred by the child care provider for extra services provided to meet the child's special needs.

- The worker must receive verification from the child care provider that documents the reason(s) for the higher price and the extra services required.
- The reason for the increased rates must be reflected in case comments in CARES Worker Web (CWW).
- The family copayment is subtracted from the full weekly cost to determine the subsidy payment.

Examples of reasons for the higher price might be that the center must hire an assistant for a severely disabled child, or reduce group size because a special needs child needs extra attention, etc.

Note: Not every special needs child requires extra care.

3.4.7 Accredited Care

Accreditation is now factored into the YoungStar rating process. Achieving accreditation involves extensive self-study and validation by professionals outside of the program to verify that quality standards are met. The following accreditations will be an alternative path to a 5 Star rating for group child care: National Association for the Education of Young Children (NAEYC), National Accreditation Commission (NAC), National Early Childhood Program Accreditation (NECPA), City of Madison, and Head Start Performance Standards with no non-compliances or findings.

The 10% increase for accreditation that was provided to in-state providers in the past ended as of 6/23/2012.

For more information regarding the accreditation process and YoungStar, please view the following link: <http://dcf.wisconsin.gov/files/youngstar/pdf/policies/accreditation-policy.pdf>

3.4.8 Attendance Based Authorizations to Licensed Child Care Providers

In addition to any YoungStar adjustment, a 10% higher rate shall be paid to licensed child care providers to compensate for absences when they provide care under an attendance-based authorization unless their rate is less than the county maximum rate plus 10%. If their rate is higher than the county maximum plus 10%, the county maximum hourly rate is increased by 10% when calculating the authorization. If the provider's private pay rates are more than the county maximum, a full time authorization will pay 10% more per week than an enrollment based authorization providing that a child attends at least 35 hours/week. The higher rate is automatically calculated by the CSAW system.

3.4.9 Outside of the Parent's Geographic Territory

The higher maximum reimbursement rate of two counties should be used when child care is provided outside the geographic territory of a county where the parent lives. The CSAW system is automated to use the highest rate.

Example:

Parent lives in County A and takes the child to county B, the following applies:

- If County B's rates are higher, County B's rate is used to calculate the authorization.
- If County B rates are lower, then County A's rates are used.

3.4.10 Out-of-State Care

Providers who are located outside Wisconsin (MN, IL, IA, MI), will be paid using the rates that are effective in the case county or the child care provider's rates, whichever is lower. Out-of-state providers are exempt from participating in YoungStar, but must complete a Wisconsin Shares Participation Contract in order to continue receiving Wisconsin Shares authorizations. New out-of-state providers must also sign and return a Wisconsin Shares Participation Contract before being allowed to receive

authorizations for Wisconsin Shares funded children. The Contract is valid for two years. A new Contract is sent at least 60 days before the old Contract expires.

WI Shares Participation Contract is available at:
<http://dcf.wisconsin.gov/files/forms/pdf/2587.pdf>.

Out-of-state providers will continue to receive Wisconsin Shares reimbursement at 100% of the current rate. Out-of-State providers will also continue to receive the current 10% increase for Accreditation accepted by Wisconsin Shares if their private price is at or below the maximum rate plus 10%.

3.4.11 Unregulated Care

Authorizations for unregulated care cannot be more than 2 weeks in length.

Unregulated child care providers:

- Must be at least 18 years old.
- Are paid at the provisionally certified rate.
- Must be created in CSAW Provider Management by the local agency *before* an authorization can be issued.

See the CSAW Provider Management User Guide at:
<http://dcf.wisconsin.gov/childcare/user-guides> for information on how to enter unregulated providers.

3.4.12 Part-Time Rate

Part-time rates must be entered into the CSAW system for licensed family and group providers, school programs and school-age certified providers before an authorization for a child age seven or older can be entered for 20 or less hours per week.

Record a weekly price that reflects about 20 hours of care. If the provider does not have a weekly part-time rate, the agency may multiply an hourly rate by 20 to calculate a weekly rate. Also, a daily rate may be used by multiplying the daily price by three.

The part time rate should be used for all age groups if the authorization is less than 25 hours. It also can be used when a parent receives a sizeable discount from the center such as an employee discount.

3.4.13 School Closed Hours (School Banked Hours)

School bank hours are used for school age children who need care when the school is not in session for a short period of time.

School bank hours are not to be used when a school age child is ill and cannot attend school. In these cases, the worker needs to create a separate authorization that covers the sick days.

Examples:

Spring and Christmas break, snow days, occasional days when the school is closed due to parent/teacher conferences, teacher compensation days, and annual teacher conference, etc.

The system automatically marks all children over age five as school age children if there is a 0-hour or part-time authorization and the provider is able to claim these hours in addition to the regularly scheduled hours. If the school age child is younger than five, the worker must identify the child as a school age child (must be 3 and older). See CSAW user guide at <http://dcf.wisconsin.gov/files/publications/pdf/448.pdf> for further information on how to identify a child who is under 5 as a school age child in CSAW.

If the school age child does not need regular, weekly care, the worker can create a Zero-hour authorization to a provider who is taking care of the school age child during occasional breaks in school.

If the school age child has a regular, weekly child care authorization, school bank hours are not to be claimed until all the regular hours for the week are used.

The school year is divided into three periods and a total of 320 bank hours are available and allocated among the three periods (about 100-110 hours per trimester). If a child runs out of school bank hours, the authorizing worker must contact the BCCA's Child Care Helpdesk at (608) 264-1657 or childcare@wisconsin.gov to have hours added or in Milwaukee, the Milwaukee Early Care Administration (MECA) at <http://dcf.wisconsin.gov/about-us/contact-us>. The worker must give a reason why the hours were not adequate before BCCA will increase the child's school bank hours.

Licensed child care providers must have their regular prices entered into CSAW in order to be paid for care provided for school closed hours.

3.4.14 Private Rates above the County Maximums

A parent may receive services from a provider whose private rate is higher than the county/tribal maximum rate. The payment of the difference is a matter between the parent and the provider. The family co-payment responsibility is determined according to the standard approach and this is in addition to any costs above the maximum rate. The collection of parent payments is the responsibility of the child care provider.

3.4.15 Tiered Reimbursement

Wisconsin Shares reimbursement is tied to each provider's YoungStar quality rating. All Certified Family providers, Licensed Family providers, Licensed Group Child Care centers, and public school programs that provide care outside the normal school day must participate in YoungStar before they can receive a Wisconsin Shares authorization. Tiered Reimbursement policy does not apply to Certified In-Home, Out-of-State, Licensed Day Camps or temporarily unregulated providers.

Participating providers must sign the YoungStar Contract and return it to their local YoungStar office. The contract is valid for one year. Authorizations cannot be created in CSAW without a YoungStar Contract. Tiered Reimbursement is applied to the provider's weekly issuance calculation as a YoungStar payment adjustment instead of being factored into the authorization rate calculation.

For more details on YoungStar participation policy for providers, visit the YoungStar website: <http://dcf.wisconsin.gov/youngstar/providers/apply>

3.4.15.1 Contracts for New Providers

Wisconsin Shares authorizations can only be established *after* the YoungStar Contract has been entered into the YoungStar case management system. Therefore, new child care providers should return their YoungStar Contract to the local YoungStar office at the same time they turn in their application for licensure or certification. A list of these offices can be found at: <http://dcf.wisconsin.gov/youngstar/program/localoffice> .

New providers will be reimbursed at the 2 Star level, effective when their program meets all certification or licensing requirements and turns in a YoungStar Contract, until they are rated. If a new provider is subsequently rated at a higher Star level, the provider's payments will be adjusted effective on the Sunday of the week that the new rating is complete.

If a tribe or local agency receives a YoungStar Contract in error, the agency should date stamp the YoungStar Contract and forward the Contract to the appropriate local YoungStar office via FAX or email.

If a provider changes from Certified to Certified In-Home, they must submit a new Wisconsin Shares Contract and return it to DCF.

3.4.15.2 Rating Process

All providers participating in YoungStar are required to complete the YoungStar rating process. Providers will be rated on a scale from 1 to 5 Stars.

- 5 Star Provider: Reimbursement increased up to 25%.
- 4 Star Provider: Reimbursement increased by 5%.
- 3 Star Provider: Reimbursement remains the same.
- 2 Star Provider: Reimbursement reduced by 5%.
- 1 Star Provider: Not eligible for Wisconsin Shares subsidy reimbursement.

The rating process may take up to 24 weeks to complete depending on which of the three rating options the provider chooses: Automated Rating, Technical Rating or Formal Rating.

Effective for all providers with anniversary dates falling on or after July 1, 2013, if a provider is re-rated to a higher Star level, the tiered reimbursement adjustment will be applied on the Sunday of the week that the re-rating is completed. If a provider is re-rated to a lower Star level, the tiered reimbursement adjustment will be applied on the following Sunday.

3.4.15.3 Anniversary Date

An “Anniversary Date” is assigned to each provider location once the rating is complete. The Anniversary Date is the date the program was first rated in YoungStar and remains constant unless the provider fails to submit a Contract Renewal. In this case, the provider must reapply for YoungStar and a new YoungStar Anniversary Date will be created.

Providers must annually reapply to YoungStar by submitting a YoungStar Contract Renewal to the local YoungStar office prior to the provider’s Anniversary Date. While authorizations can be written beyond the Anniversary Date, all authorizations will automatically end if a Contract Renewal has not been submitted.

3.4.15.4 Grace Period

A grace period of six (6) to twelve (12) days beyond the Anniversary Date has been programmed into CSAW to allow additional days for processing contract renewals. During the grace period, no new authorizations can be written.

If the provider returns the YoungStar Contract during the grace period, the worker must retroactively authorize for child care during the grace period if the parent was eligible for Wisconsin Shares and in an approved activity. If the YoungStar Contract Renewal is not returned by the end of the grace period, all Wisconsin Shares authorizations for that provider will end.

In the case that a YoungStar Contract is returned after the grace period, authorizations will be allowed starting the Sunday of the week during which the contract was received.

Providers are not eligible for authorization or reimbursement during the period from the end of the grace period until the receipt of the new YoungStar Contract by the local YoungStar office.

3.4.15.5 Authorization Rates and YoungStar Payments

Tiered reimbursement is applied to the provider's weekly issuance calculation as a YoungStar payment adjustment instead of being factored into the authorization rate calculation. The YoungStar payment adjustment is applied to the weekly issuance amount Wisconsin Shares pays on behalf of each child.

3.4.16 In-Home Child Care

Certified In-Home providers will not be rated and are not eligible to receive YoungStar technical assistance or other provider services. However, certified In-Home providers must sign a Wisconsin Shares Participation Contract in order to receive Wisconsin Shares reimbursement.

New Certified In-Home providers must sign and return a WI Shares Participation Contract before being allowed to receive authorizations. The WI Shares Participation Contract is available at: <http://dcf.wisconsin.gov/files/forms/pdf/2587.pdf> and is valid for 2 years. In the future, the system will send a new Wisconsin Shares Participation Contract to Certified In-Home and Out-of-State providers at least 60 days before their contract expires.

Child care provided in the child's own home may be authorized only under the following circumstances:

- Three or more children are being cared for; or
- Other licensed or certified care is not available within a reasonable geographic area; or

- Child care is needed during hours when no other care is available, such as second and third shift hours, and weekend care; or
- A child's special need could only be met in his or her home.

Additional policies include:

- In-home child care must be certified.

An in-home certified child care provider may care for more than three children living in a home under the age of seven because a license is not required for caring for children in their own home.

When in-home child care is authorized for 15 or more hours a week the state minimum wage must be paid, regardless of the level of training completed or number of children in care. The maximum sum of the "Hourly Rates" in CSAW for all children in care will be equal to the state minimum wage. When authorizing for less than 15 hours per week, the local agency hourly rates for the category of the provider and ages of the children should be used.

Note: On July 24, 2009 the state minimum wage increased to \$7.25 per hour.

Special needs child care cases are considered on a case-by-case basis and the beginning agency hourly payment rate may need to be higher if the child care provider meets the special needs rate increase criteria. If care is for 15 or more hours, the price determined should equal at least minimum wage, but may exceed this amount, if necessary. The minimum wage amount must be increased from \$7.25 to \$7.61 to compensate for the Tiered Reimbursement automated 5% reduction.

Person's living in the home may not be authorized to receive Wisconsin Shares child care funds to care for the child unless the county or tribe determines that the care is necessary because of the child's special health condition. The special health condition must be diagnosed by a licensed physician (See Ch 1 Definition of Special Health

Condition) (See 3.6.23 Authorizing When the Provider is the Child's Parent or Other Legally Responsible Adult, or Provider Resides with the Child).

Local administrative agencies should remind parents choosing in-home child care of the parent's responsibilities as an employer of the child care provider, including their responsibility to complete the appropriate tax withholdings. The Social Security Administration advises that parents should contact the IRS to determine the correct amount of tax withholdings and that the child care provider should also contact the IRS to ensure the parent (his/her employer) is withholding the correct amount. The parent may have other employer obligations as well, including payment of the employer share of Social Security, and Unemployment Insurance wage reporting.

Examples:

One child in care for an in-home regularly certified provider (reason for care is that no other care is available within a reasonable geographic area). Care is for 25 hours a week. Payment begin rate must be minimum wage \$7.61 ($\$7.25 + .36 = \7.61). Subtract the family co-payment from the weekly rate, and then calculate the hourly amount of reimbursement that will be authorized to the provider for the attendance-based authorization.

Two children in care for an in-home provisionally certified provider (reason for care is that no care is available for third shift). Care is for 25 hours a week. Combined payment begin rate (for each of the children) must be the state minimum wage because the care is for at least 15 hours per week. Payment is based on attendance and is authorized to the certified provider.

3.4.17 Other Rate

The CSAW system has a manually calculated rate type called 'Other' rate that must be used in authorizations for in-home care, and can be used in instances when CSAW calculates a higher authorization amount than the amount the provider is actually charging the family. Those instances include:

- The parent works for the provider and receives an employee discount.
- Sibling discounts unless the discounted amount is still above the county maximum.
- Any other reason why the amount the provider charges to the parent is less than their normal provider price that is used by CSAW to calculate the authorization.

3.4.18 The Other Rate Type is Manually Calculated

The authorization amount must be manually calculated when the 'Other' rate type is selected. This is similar to manually calculating the higher rate for special needs children. The authorization amount must be calculated using the appropriate worksheet for the type of provider and authorization. Use of the worksheet will help to ensure that the correct authorization amount is calculated based on the beginning provider price and the deduction of the co-pay amount. The worksheet must be kept in the paper file.

3.4.19 Registration Fees

The Wisconsin Shares child care program does not reimburse for registration/enrollment or any other kind of fees.

3.4.20 Child Care Provider Higher Rate than County Maximum

Parents may receive child care from a child care provider whose child care price is higher than the county or tribal maximum rate and pay the difference between the provider's child care price and the county or tribal maximum rate in addition to any required parents' co-payment.

3.5.0 PROCESS FLOW

Below is a flow chart showing the process flow at local agencies for reimbursing child care providers.

Licensed	Certified
Use the current maximum rates for all licensed providers.	The Regularly Certified rate is 75% of the licensed family day care rate. The Provisionally Certified rate is 50% of the licensed family day care rate.
CSAW multiplies the hourly rate by the number of hours of care authorized per week and compares this amount to both the provider's reported weekly full time price and the county maximum weekly ceiling for licensed family child care. CSAW uses the lesser of these amounts for the maximum weekly payment.	CSAW multiplies the agency hourly rate by the number of hours authorized and compares this amount to the county maximum weekly ceiling for licensed family child care. CSAW uses the lesser of the two amounts for the maximum weekly payment.
CSAW prorates the co-payment across all children authorized for care and all providers used.	CSAW prorates the co-payment across all children authorized for care and all providers used.
The child care worker generates an authorization in CSAW that includes the name of the client, provider, and children in care, the final reimbursement rate paid to the provider on a weekly and hourly basis, and the maximum number of hours of care reimbursable. Workers also enter the authorization type (Attendance or Enrollment), and the co-payment type and level.	

If more than 50 hours of care are needed for a week, two authorizations will have to be entered; one authorization for 35, and one authorization for the hours above 50. No child in a case may have more than 75 hours authorized. Special needs authorizations, which may be paid above the agency maximum reimbursement rate and in-home provider authorizations must use the “Other” rate.

Base licensed group child care payments on an enrollment basis. When payment is based on enrollment, authorize a weekly amount of reimbursement along with a maximum number of hours of child care.

If the child care need varies widely from week to week, base the payment on an attendance basis.

If a licensed child care provider repeatedly reports incorrect hours on the attendance report forms, the agency has the authority to base all authorizations to that provider on attendance.

Base certified child care payments on an attendance basis.

CSAW sets an hourly payment rate when basing payment on attendance. The authorization includes the hourly payment amount along with the maximum number of hours of care the client is eligible for each week. The providers can then calculate the amount the child care agency pays and the amount the client must pay.

Copies of the authorization are sent to the parent and the child care provider. CSAW sends attendance reports to the child care provider for all current attendance periods. Attendance reports must be completed by the provider and returned to the local agency to receive reimbursement unless the provider reports attendance online by using CCPI. Attendance reports span two-week pay periods.

Licensed	Certified
<p>Require attendance reports (paper or online) from providers whose payment is based upon enrollment. Enter the hours of actual attendance into CCPI to generate the weekly payment.</p> <p>“0” hours recorded for an enrollment based authorization will generate a weekly payment to be made unless it is the second week of “0” hours and the agency has not approved the absence. If the second consecutive week of zero hour attendance occurs during the first week of a new attendance period and the second week of the previous attendance period was paid in full, CSAW will create a negative adjustment to recoup the payment from the first week of “0” hour attendance.</p>	<p>Require attendance reports (paper or online) from providers whose payment is based upon attendance. Record actual hours of attendance into CCPI to generate a payment based upon the actual hours of attendance up to the authorized amount of hours.</p> <p>Recording “0” hours will cause no payment to occur for the week.</p>
<p>Payment is based on the authorized weekly amount up to the county maximum rate or provider rate (whichever is lower) less the copayment when reimbursement is based on enrollment and enrollment authorization.</p>	<p>Payment is based on the child’s actual hours of attendance up to the county maximum rate or provider rate (whichever is lower) less the copayment when the authorization is attendance based. The reimbursement hourly rate times the number of hours of attendance is the reimbursement rate for the pay period. The payment reimbursement amount changes according to the number of hours of usage.</p>
<p>The child care payment system generates attendance report forms and sends them to the child</p>	

care provider on Thursday, prior to the end of the two-week attendance period, and for whenever a retro authorization is entered into the system. Payments to the child care providers are made on a biweekly basis for previous payment periods. The providers, who enter attendance online, can suppress the attendance forms being mailed.

Administrative agencies must check attendance reports submitted by child care providers to monitor high levels of absence or variance in attendance. Verify the hours of care authorized are actually being used. Consistent 100% or unusually high attendance may indicate inaccurate or fraudulent reporting by the provider. Very low levels of absences reported may also require investigation. Low levels of usage may indicate that child care need has changed and the authorization should be adjusted accordingly. (See Chapter 2 for more information on when and how to monitor and investigate).

Child care eligibility must be reviewed every time a parent reports a change that may affect their eligibility, and at least every six months.

Parents must report financial and non-financial information that may affect eligibility for child care within ten calendar days to the eligibility worker/agency.

Changes in the child care provider or number of hours of child care needed must be reported to the authorizing worker immediately. Authorize no payments to a new provider, until the family has contacted the authorizing worker. The authorization to the new and previous provider should not overlap.

3.6.0 AUTHORIZATIONS

Child care authorizations are the child care administrative agencies written approval for child care provider reimbursement.

3.6.1 Administrative Agency Assessment

Child care authorizations must be based upon the administrative agency assessment of all of the following:

- The number of hours of care a child needs per week for their parents to participate in their approved activities;
- The type of authorization the care is approved for (attendance based or enrollment based);
- The co-payment type; and,
- The length of care needed up to six months.

3.6.1.1 Authorizations for Unsubsidized Employment

Authorizations may not be written for unsubsidized employment as an approved activity until there is a Federal Employer Identification Number (FEIN) documented in the individual's CARES Worker Web.

If the FEIN is already on file on the Employment Page or the worker knows the FEIN for the employer, the employer does not have to re-verify the number unless the worker believes that the FEIN is incorrect. (See Section 1.5.3.1 Qualified Employers).

3.6.1.2 Authorizations for Self Employment

During the first six months that a parent is engaged in a new self-employment business, the agency may authorize care for the hours the parent is engaged in self-employment work.

The authorization may not exceed one full time authorization.

A parent may not use this Section more than once every 24 months.

Any parent who uses part of a six month period under this section may not have child care authorized under this section again until 24 months have elapsed.

Self -employment as an unregulated child care provider is not allowed as a self-employment approved activity for Wisconsin Shares child care assistance eligibility.

Authorizations for self-employment are only allowed to the extent that they support employment that produces monthly-adjusted self-employment income equivalent to at least the state minimum wage.

3.6.1.3 Self Employment Authorization at a Glance

Case Status	Authorization Timeframes
New applicants and Program Adds and on-going participants who have continuous self-employment for less than 6 months.	Authorization may be up to the applicant's full need for care up to six months; authorization is limited to one full time authorization.
New applicants or Program Adds and on-going participants with the same continuous self-employment for more than 6 months. And Those who have continuous self-employment for less than 6 months but have already used a 6-month grace period under Section 3.6.1.2 within the previous 24 months.	Authorization hours are adjusted in accordance with Section 3.6.1.2 (this is when you divide the income to limit auth hours to only time support by a profit). Divide the weekly self-employment income by the state minimum wage to find the maximum authorized hours.

Example: Marty is determined to be income eligible for child care assistance and reports that he earns \$500 per month adjusted self-employment income as a freelance writer. Marty is requesting full time child care (35 hours per week). To qualify for 35 hours per week of child care, Marty must report an adjusted self-employment monthly income of \$1,091 (35 hours X \$7.25 X 4.3 weeks per month equals \$1,091). \$500 monthly adjusted self-employment income is sufficient for only 16 hours per week of child care assistance ($\$500/\$7.25=68.9$ converted to 69 hours per month, which when divided by 4.3 weeks = 16 hours per week of child care).

3.6.1.4 Authorizations for Parents who are Family Child Care Providers

If a family child care provider meets financial and non-financial criteria for Wisconsin Shares eligibility, they may receive child care assistance for their children to attend child care as follows:

- They are considered to be self-employed.
- They must be regulated.
- The authorization will be limited by the provisions of Section 3.6.1.2.
- The authorization may only be for the hours that the parent is engaged in care for children.
- The authorization is to a child care provider who does not reside with the children.

3.6.2 Entering Authorizations in CSAW

The child care administrative agency shall enter authorization data into the CSAW system that will automatically calculate the rate as the lesser of the provider price and the county or the tribal maximum rate, minus the parental co-payment.

The initial child care authorization for all cases must be completed in the county of residence. If a call/change center staff person writes a child care authorization, that worker must not change the Auth Worker ID. The authorization letter will identify the

worker listed in the Auth Worker ID field, and alerts regarding the authorization and the child care attendance report will be directed to the location of the worker identified in this field, this field must identify a worker in the county or residence.

3.6.3 Full-Time Authorizations

Full time child care enrollment based authorizations cover care provided between 35-50 hours per week.

3.6.4 Part-time Authorizations

Part-time authorizations are less than 35 hours per week.

3.6.5 Authorizations for Over 50 Hours of Care

Children who need more than 50 hours per week of care may receive two authorizations, one full time and a second for the balance of the time needed.

No child may be authorized for more than 75 hours per week in a case.

(See Appendix for Authorization Chart).

Example: Janie's mother works two jobs. Her full time is 40 hours per week plus two hours a day travel time = 50 hours, and her other job has variable hours from 10-15 hours per week and there is no travel time. Janie goes to the same child care provider when her mother works either job. The first authorization is set for 50 hours per week and because care is needed on a regular basis, it is established on an enrollment basis. The second authorization is set for 15 hours per week, and because the need for care varies from week to week it is set up on an attendance basis.

3.6.6 Two Day Time Frame to Issue Authorization

Child Care authorizations must be issued to the parent and child care provider within two business days of the confirmation of eligibility if all verification needed for the authorization is received and if the parent has provided the child care provider information. There must be a case comment indicating the reason if there is a delay.

If the authorization information is complete at SMRF or review, the agency shall treat these as requests for authorization and comply with the two-day time frame.

Examples:

Eligibility was confirmed on Tuesday June 17th but the parent did not have a child care provider selected until Monday June 23rd. When the parent notified the worker on the 23rd that a provider had been selected, case comments were entered to document the communication and an authorization was generated in CSAW within two days.

Eligibility was confirmed on Friday July 10th but the employer verification form lacked a FEIN and there was not a FEIN in CARES. The parent was asked to obtain a FEIN but has not been able to produce the number. The parent is not considered to be in unsubsidized employment as an approved activity until the employer has a FEIN in the case record. Since the worker cannot authorize child care until the FEIN is obtained, the two-day time limit for issuing an authorization does not apply.

3.6.7 Attendance Based Authorizations

All authorizations to certified child care providers must be on an attendance basis. Effective August 28, 2011, all new authorizations to licensed family child care providers (LFAMS) must be on an attendance basis except for special needs children whose care meets the requirements indicated in Chapter 3, Sections 3.4.6 and 3.6.9.

Attendance based authorizations reimburse the child care provider on an hourly basis for only the hours of the child's actual attendance in a given week, up to the maximum number of hours authorized by the child care administrative agency.

Rates for manually created Attendance Based authorizations must be entered into the authorization in CSAW on an hourly basis.

Example: Jack is authorized on an attendance basis for 35 hours per week for a certified and unaccredited provider. The weekly rate is \$135 less the parent's \$20.00 co-payment= a \$3.28 hourly rate paid to the child care provider. During one week Jack attended only 16 hours. Reimbursement for that week is limited to 16 hours, or $16 \times \$3.28 = \52.48 for the week because it is an attendance-based authorization. The next week Jack attended for the full 35 hours. Reimbursement is provided at the full weekly rate, or $35 \text{ hours} \times \$3.28 = \$114.80$.

NOTE: The attendance based authorizations to certified providers can be up to 50 hours/week. When calculating the authorization rate, the system will cap the total weekly amount paid to the certified provider at the licensed family ceiling rate.

3.6.8 Attendance Based Authorizations to Licensed Providers

All new authorizations to licensed family child care providers (LFAMS) must be on an attendance basis, except for special needs children on a case-by-case basis.

Specifically, special needs children may be authorized on an enrollment basis to a licensed family provider only if the child is cared for by a child care provider that meets the criteria for higher payments as outlined in Chapter 3, Section 3.4.6.

Authorizations to licensed group child care providers may be established on an attendance basis if:

- The schedule of the child care to be used is expected to vary widely. If a child has a history of widely varying attendance, the agency may consider this criteria to be met; or,
- If the agency has documented three separate occasions where the provider significantly over reported the attendance of a child.

Example:

Donna's mother works second shift at a restaurant and her work schedule varies from week to week. The maximum number of hours that Donna's mother works is 15 hours per week and she needs ½ hour a day for transportation to and from work. Since Donna's hours vary, her authorization is to be established on an attendance basis even though she chose a licensed group provider.

For license programs, the reimbursement rate is increased by CSAW 10% over the county maximum to account for absent days if the licensed child care provider's private rate is higher than the county maximum rate.

3.6.9 Enrollment Based Authorizations:

Enrollment based authorizations reimburse the child care provider for a set amount for a block of hours per week as long as the child attends for at least one hour per week.

Example:

Tony is authorized for 35 hours per week at a licensed child care center. The weekly rate is \$135 per week less the \$20 parent co-payment= \$115. During week one Tony attends only eight hours. Reimbursement for that week is \$115 because the authorization is on an enrollment basis. The reverse is also possible: The following week Tony attends 45 hours. Despite the fact that Tony's attendance was more than the total authorized hours, the system will pay the same amount as the week before (\$115).

3.6.10 Authorizations for Licensed Group Providers Must be Enrollment Exceptions:

- The schedule of the child care to be used is expected to vary widely. If a child has a history of widely varying attendance, the agency may consider this criteria to be met; or,

- If the agency has documented three separate occasions where the provider significantly over-reported the attendance of a child.

3.6.11 Part-time Enrollment

Authorizations based on enrollment do not have to be for full-time hours.

Example:

A child needing ten hours of after-school care every week to a licensed group provider should have an authorization based on enrollment for ten hours.

3.6.12 Agency May Refuse Confirmation of Attendance Submitted More than Three Months Old

The child care administrative agency may refuse to enter attendance on a provider's attendance report that is submitted more than three months after the attendance report was issued. *(Note: Providers are not able to enter their own attendance in CCPI after three months from the attendance period.)*

3.6.12.1 Retro Security and Guidelines for Entering Authorizations and Attendance More than Three Months Old

Agency workers who have security access to enter authorizations in the Child Care Statewide Administration (CSAW) system and attendance and attendance confirmation in the CCPI system are limited to being able to enter authorizations and attendance that are not older than three months.

Prior to 2005 only one worker per agency was allowed to have "Retro" security privileges attached to their ID. This was later expanded to two workers per administrative agency.

Changes were made in the Child Care Provider Information (CCPI) system in 2007 that prohibits child care providers from entering attendance that is more than three months old.

Agency workers who have “Retro” security privileges attached to their CSAW and/or CCPI user ID for may enter authorizations and/or attendance back three months or more if necessary.

Valid reasons for an administrative agency worker to enter “Retro” authorizations and attendance are:

- Fair hearing decisions requiring an agency to make a payment.
- Agency delay where the authorization or attendance was entered timely due to extreme circumstances as to why the provider was unable to submit attendance.

Agencies were granted the authority to enter authorizations and/or attendance beyond the past three months, on a case-by-case basis, but are now required to also view the child care provider’s sign-up sheets.

3.6.13 Authorization Notices

Authorization Notices contain the information for each authorization plus the rate that the department will reimburse the child care provider.

Authorization Notices are sent to parents and their child care providers when an authorization is started, ended, or changed. Authorization Notices are generated once per week and are mailed from Madison on Mondays.

3.6.14 Hours Authorized

Child care administrative agency workers should determine the number of hours of child care needed during the week to cover both the approved activity and travel time based on the parents’ work schedule, school schedule, or Wisconsin Works (W-2) or Food Share Employment and Training Program (FSET) Employability Plan (EP).

3.6.15 Two-parent Household Authorizations

In all two-parent households, the number of hours authorized for child care should cover only the overlapping hours when both parents are participating in approved activities.

3.6.16 School Age Children

Consider a child to be school age if s/he is five or older, is enrolled and attending kindergarten or a higher grade in school.

3.6.17 School Age Authorization

Children who are identified as school age and who are authorized to a child care provider can have reimbursement paid to the child care provider for services provided for days school is closed. School closed (also known as “banked” hours) may be claimed for reimbursement only when the regularly authorized hours have been used for the week.

3.6.18 Regular Authorizations

A ‘Regular’ authorization is an authorization indicating a maximum number of hours authorized.

3.6.19 0- Hour Authorizations

A ‘0 Hour’ authorization is an authorization for a child to attend a provider for “off school days” only (school closed/”banked”).

A ‘0 Hour’ authorization can only occur if no other authorizations are in place for that child to that provider for that specific period of time.

Co-payments are assessed for ‘0 Hour’ authorization only when it is the only authorization a child has.

3.6.20 Wrap Around Head Start, Preschool and 4 & 5-year-old Kindergarten Programs Offered With Child Care Programs

If a child attends a part day Head Start, Preschool, or 4 or 5 year Kindergarten program (“school program”) and child care is provided on-site, the school program hours can be included in the authorization if of all of the following are true:

- The hours included in the authorization all qualify under Wisconsin Shares as times that the child's parents are in an approved activity and child care is needed for the parents to participate;
- The length of the child's authorized day is five or more hours;
- The length of the child's school program is no more than four of those hours.

Example:

Kathy is at the Head Start facility from 8:00am to 3:00pm every day. Her Head Start activities occur from 8:00am to noon and then she receives wrap around child care at the same site from noon to 3:00pm. Kathy's parents are both at work between 8:00 a.m. and 3:00 p.m. Kathy's authorization should be for seven hours, plus any transportation time needed each day.

Note: Only authorize for the full amount of child care that is needed when wrap around care is available.

Some day care centers provide Head Start, preschool or 4 and 5-year-old kindergarten activities as components during the day. The full number of hours needed for child care should be authorized to these centers, including the hours the child is attending Head Start, preschool or kindergarten activities at the center.

If a Head Start child attends a center that is OFF site, the authorization should cover only the hours the child attends the center and should not cover the hours the child attends the Head Start program.

3.6.21 Manual Calculations for Special Needs and In-Home Providers

Use worksheets DCF-F-414-E, DCF-F-415-E, or DCF-F-442 attached to DECE-BCCA-2013-13 or located in the internet forms repository at <http://dcf.wisconsin.gov/forms> to calculate payments for all in-home child care providers and for authorizations for special needs children when payment is above the local agency maximum rates .

3.6.22 Providers Outside Area

When authorizing child care to a provider who is located outside the county/tribe, compare the county/tribe maximum prices where the parent lives to the local agency prices where the provider is located and use the higher maximums in the calculations to determine reimbursement. If a licensed provider is chosen, that reported weekly price would need to be used in the calculation as well.

A provider living out-of-state will have his/her reported price compared to the local agency maximum rates where the parent lives.

3.6.23 Authorizing When the Provider is the Child's Parent or Other Legally Responsible Adult, or Provider Resides with the Child

State statute prohibits authorizations to a child care provider for the care of their own child or a child with whom they reside.

- For purposes of this requirement, a child is considered to reside in any home where they have placement.
- A child can have more than once residence.
- Any placement arrangement that puts a child with a parent or other person for any period of time makes that child a resident of the parent or other person's home.

There is a very narrow statutory exemption which allows a county to approve child care payments to a parent, legally responsible adult, or other person who resides with the child if the care is necessary because of a special health condition of the child.

- In all other cases, the provider cannot be paid if they are the parent, another legally responsible adult, or if they live in the same residence as the child. (See Ch 1 Definition of parent).

Authorizations are not allowed for a parent to receive Wisconsin Shares child care assistance funding for caring for their children regardless of the type of provider (Certified, Licensed Family, Licensed Group), or the type of ownership (the parent owns

all or part of the facility as an individual, sole proprietor, partnership, or stockholder in a corporation).

A family child care provider may be eligible for Wisconsin Shares child care assistance for his/her own children when they attend another child care setting outside of their home if they meet financial and non-financial eligibility criteria.

- This provision is limited to the hours that child care (for other children) is being done in his/her own home.
- The parent who is a Child Care provider is considered to be self-employed and the provisions of Section 3.6.1.1 apply.
- If child care eligibility exists, the parent, who is also a child care provider, could receive an authorization for his/her children to attend a child care provider who is not their parent or other legally responsible adult or person with whom they reside.

Examples of situations where authorizations cannot be made for a child to receive child care from their parent or other legally responsible adult or person with whom they reside:
Amy is a certified or licensed family day care provider and is eligible to receive child care subsidy for her child Mary. Amy cannot be authorized to provide child care for Mary.
Linda owns a licensed group day care and the day care is considered a non-corporation for tax purposes. (The day care is either an individual, sole proprietor or partnership). Linda is eligible to receive child care for her children while she is at work, as long as they are cared for with another provider.
Mary and her husband have incorporated as owners of Mary's Little Lambs Child Care Center. They are eligible for child care for their foster son while both parents are in approved activities, as long as the care is with another provider.
Miles is a nurse who works at a local clinic. He is eligible for child care for his medically fragile son, Michael. His mother also lives with them and is trained to work with the

child's health needs. The county agrees that the best care situation for Michael is for his grandmother to care for him at home. She becomes a Provisionally Certified In-Home provider and can receive Wisconsin Shares payments for Michael's care under the statutory exemption.

Leo is Maria's father. Leo lives with his mother, Juana who is a certified child care provider. Leo has placement of Maria every other weekend. Maria's mother, Nancy, has placement the rest of the time, and is eligible for Wisconsin Shares. Maria is considered to live with her grandmother, Juana, and cannot be authorized to Juana for child care.

Authorizations are allowable for a child of a Wisconsin Shares child care assistance eligible child care provider to have their child care authorized to child care provider other than their parent or someone legally responsible for them or someone with whom they reside.

Authorizations are allowable for a child to receive child care at a child care home or center where their parent or other legally responsible adult is employed as long as they are not the owners of the child care home or facility and their employment has been verified by the local agency that their child care provider/employer meets the criteria of being a qualified employer according to the provision of Qualified Employers in Ch 1, Section 1.5.3.1 (See Qualified Employers).

Examples of situations where child care can be authorized for a child whose parent is employed at the child care provider where the child attends include:

Margaret is a licensed provider and hires Rachel to care for the day care children. Rachel brings her son, Mike to work with her. Rachel is eligible for child care funding. Rachel can receive an authorization to Margaret's child care.

Little Sweeties is a licensed group center. Veronica works at Little Sweeties and is eligible for child care funding. Veronica can receive an authorization to Little Sweeties regardless if she cares for her child at the center.

See Chapter 1.5.3.1 *Qualified Employers* which states "Children of parents who are employed by certified child care providers are not eligible for an authorization at the child care provider where their parent is employed."

3.6.24 Backdating Authorizations at Initial Eligibility

At initial eligibility, an authorization may be backdated only to the first of the month of the current eligibility period, or to the Sunday that is six days prior to the first of the eligibility month.

Examples:

Kate is found eligible for child care effective 01/01/08. Kate contacts the authorizing child care worker on 02-18-08 and requests an authorization for child care reimbursement. The authorization can be backdated to Sunday, 01/27/07, the Sunday prior to the 1st of the month of eligibility.

Kelly is found eligible for child care effective 05/01/08. Kelly contacts the authorizing agency on 05/05/08 and requests child care reimbursement. Due to scheduling conflicts within the agency, the actual authorization appointment cannot be completed until 06/15/08. The authorizing worker familiar with the case has the authority to backdate the authorization to the first of the month of the request date in 05/08. So, the authorization begin date can go back to 04/27/08, if needed.

In order for a backdated authorization to be created, the child care provider must be a regulated licensed or certified provider and had to have provided child care during the retroactive authorization period. If the provider's YoungStar form has not been submitted, WI Shares authorizations and payments cannot be backdated to the date of application. Authorizations can only go as far back as the contract begin date or the provider regulation date, whichever is later.

If a family that has been determined eligible for child care assistance does not request an authorization for child care reimbursement until several months after initial eligibility has been determined, the authorization may be backdated to only the first of the month of the request for authorization.

Note: This limit applies only to initial eligibility determinations. For families with on-going eligibility, late requests for child care authorizations should be honored if all work criteria are met and eligible care has been provided.

CSAW allows backdating of authorizations and attendance up to three months in the past. If an agency needs to back date an authorization further than three months, a worker with a 'retro' security access must enter those authorizations. The names of workers with 'retro' security privileges are available from the Child Care Helpdesk or your Bureau of Regional Operations Child Care Coordinator.

3.6.25 Backdating Authorizations: Late SMRF

When a parent submits a completed SMRF the month after it is due their case can reopen without re-applying for child care assistance. If the parent has continued to be in an approved activity since SMRF due date, the authorization should be backdated to avoid a break in authorization for child care.

3.7.0 CO-PAYMENTS

3.7.1 Determination of Co-Payment Responsibility

Co-payment levels for certified and licensed child care are the same. The co-pay schedule is posted at the Wisconsin Shares page at <http://dcf.wisconsin.gov/childcare/wishares>. The co-pay amount is based upon family size, income, and the number of children receiving Wisconsin Shares subsidized care. Co-payment levels for authorizations that are 20 hours or less are reduced by 50%.

Co-payments are required under current law for most families receiving Wisconsin Shares with the following case-type exceptions:

- Minor Learnfare teen-parents attending high school or its equivalent.
- Foster parents for their foster children's child care.
- Subsidized guardians for their foster children.

- Relatives who are taking care of someone else's child under a court order.

3.7.1.1 Co-pay for FoodShare Employment and Training Participants

Co-pay for FSET participants is set at the Regular (REG) level.

3.7.2 Co-Pay for Teen Parents

Minor and adult teen parents attending high school or its equivalent, who are not Learnfare participants and who are eligible for child care assistance, have the co-payment set at the lowest level on the co-payment chart for the number of children in care. The co-pay type is THS and is to be used for high school activities until the Saturday after the teen's 20th birthday.

3.7.3 Co-Pay for Foster Parents

Foster parents and subsidized guardians have zero co-payment as described below:

- Foster care parent's co-pay type is FOS.
- Subsidized guardians co-pay type is FOS.

NOTE: If a foster parent chooses a provider whose private-rates are above the county/tribal maximum rates, the foster parent is responsible for paying the difference between the subsidy rate and what the provider charges.

3.7.4 Kinship Care Relatives

Kinship care relatives with a court-ordered placement or a guardianship have zero co-payment. Their co-payment type is KIN. (There is no requirement to receive a kinship care grant for this co-payment type).

Kinship care relatives who do not have court-ordered placement or a guardianship for the child will have a co-payment set at the lowest co-payment dollar on the attached co-payment chart. Their co-pay type is NCK. (There is no requirement to receive a kinship care grant for this co-payment type).

3.7.5 Co-Pay for W-2 Parents' First Month Unsubsidized Work

Set the co-payment at the minimum amount for the month after leaving a W-2 employment position. This WWE co-pay type should be used for all children in the family when the parent leaves a W-2 employment position for unsubsidized employment for one month up to a maximum of five weeks.

3.7.6 Regular Co-Pay Responsibility

Family co-payment responsibility is determined by the following factors:

- Gross monthly income
- Family size
- The number of children receiving Wisconsin Shares Child Care Subsidy.

Family co-payment responsibility is determined on the current co-payment schedule on the Wisconsin Shares website. Find the family's gross monthly income and family size on the co-payment schedule:

<http://dcf.wisconsin.gov/childcare/wishares/default.htm>

If there is a mix of Regular and minimum co-pay types, the Regular co-payment amount should be used.

The co-payment schedule is used to find the co-payment amount.

- If the family gross monthly income falls between two lines, use the higher dollar amount. The family income must be equal to or less than the amount on the line for the family size.
- The corresponding co-payment responsibility is listed for the number of children receiving the child care subsidy on the right hand side of the schedule.
- Families with income less than 70% of FPL have the lowest level co-pay for the number of children subsidized.

3.7.7 Part Time Co-pay

Children that are authorized for a total of 20 or fewer hours a week will be assessed one-half of their share of the co-pay when determining the provider payment. All of the hours a child is authorized each week will be added together to determine if an authorization is considered part time or full time.

Example:

Dave has two children, Kathy and Laura that are eligible and authorized for child care. Dave's next review is due in August 2008. Currently, both Kathy and Laura are authorized to Disney Day Care for 15 hours a week. Kathy is also authorized for an additional 10 hours of care to her Aunt Ellie, a certified child care provider.

Laura is authorized for a total of 15 hours a week, so a part-time co-pay is used to determine her weekly provider payment amount. Kathy is authorized for a total of 25 hours a week (15 to Disney + 10 to her Aunt Ellie), so the full time co-pay amount is used to determine her weekly provider payment.

Part-time authorizations will use a part-time co-pay that is one-half of the child's share of the appropriate co-pay amount. If there is a mix of co-pay types that use the minimum co-pay and the regular co-pay, then one half of the regular co-pay will be used for a part time authorization.

3.7.8 Differential Co-pay Calculations

A "differential co-pay" is automatically used by CSAW for all retro authorizations (authorizations that are written after the current attendance period has begun).

Although the total co-payment amount remains the same in both retro and non-retro authorizations periods if the number of hours of the authorization and the family income remain the same, the co-payment distribution applied to each child's payment is different in retro authorizations than in the way it is applied for payments during a non-retro authorization time period (when the co-payment is applied evenly to each child's payment, dependent upon the number of hours authorized).

Differential co-payment applications are one of the reasons why rates for children change in CSAW when there hasn't been an increase in the county maximum or the provider rates, or a child's birthday, or a change in the level of the co-payment.

In retro authorization generated payments, the "differential co-payment" distribution of the co-payment is as follows:

- The full co-payment for one child is applied to the child with the retro period authorization that was entered into CSAW first, and the balance of the co-payment is applied to the second child's authorization.
- If there are more than two children in a retro authorization, the full amount of the second child's co-payment is subtracted from the total co-payment level and the difference continues to be applied to the other children.

Example:

An AG size of four with income at 125% of FPL in 2001. The AG has two children authorized to a licensed provider, on a fulltime basis. The co-pay level for two children is \$32 using 2001 FPL (1 child= \$27, 2 children= \$32). The differential co-payment method applies \$27 to the first child's payment and the \$5 balance to the second child.

Co-pay for Child 1= \$27
Co-pay for Child 2=\$32-27= \$5
Total co-payment= \$32

In a non-retro authorization situation, the \$32 co-payment would be distributed equally to both children's payments (\$16 each child).

An AG size of four with income at 125% of FPL in 2001. The AG has two children authorized to a licensed provider, on a fulltime basis. The co-pay for all three children is \$39 using 2001 FPL (1 child= \$27, 2 children= \$32, 3 children=\$39).

The differential co-payment method applies \$27 to the first child's payment. The

co=payment for two children is \$32, but since the system already applied \$27 of the total co-payment for one child's child care payment, it subtracts \$27 from \$32 and applies the \$5 difference to the second child's child care payment. The final step in this example to determine the third child's co-payment amount, is done by subtracting the \$32 from the \$39 total ($\$27 + \$5 + \$7 = \39).

Co-pay for Child 1 = \$27
Co-pay for Child 2 = $\$32 - 27 = \5
Co-pay for Child 3 = $\$39 - 32 = \7
Total co-payment= \$39

3.8.0 AUTHORIZATION CHANGES

3.8.1 Authorization Rate Changes

CSAW recalculates all authorization rates during the Saturday batch cycle if changes have happened during the previous week. Examples of such changes are:

- New authorizations and/or children were added to the case.
- One or more children in the case had a change in authorized hours, which changed how the copayment is distributed among the children.
- Provider rate changed.
- Accredited status changed.
- Relative indicator status changed.
- FPL mass change – Annual.
- Agency Maximum Rate mass change
- Change in provider category (provisional to regular certification or vice versa).
- A retro authorization was entered.
- Child's birthday put them into a new age category.

Note: if a certified provider becomes licensed, the system will not automatically calculate the new higher rate. Before an authorization can be changed to use the licensed reimbursement rate, the provider must submit her/his private pay rates to the subsidy agency. After that, the worker must manually end the authorization using

certified rates and create a new authorization using licensed rates. This also applies to situations when a licensed family provider changes to a licensed group.

3.8.2 Changing/Ending Authorizations

Under current law, parents are required to report changes in their household that might affect their child care benefits within 10 days. This may be done through the local call/change center. Any resulting eligibility changes can be confirmed by consortia county staff members that have consortia-wide update access in CWW. Workers must timely change authorizations in order to ensure that the appropriate level of child care benefit is issued to providers on behalf of parents and avoid overpayments.

There is no requirement under the statute or administrative rule regarding how an authorization must be ended or changed. The Bureau of Child Care Administration has established the following policies in order to give parents and providers a fair amount of notice of change and create statewide consistency regarding the process of ending/changing authorizations.

3.8.3 Reasons for Changing Authorizations

Local agency workers must change authorizations when any of the following events occur:

There is a change in the number of hours the child must be in care in order for the parent to remain in their approved activity.

- This could be the result of a change in either the parent's approved activity schedule or a change in the child's schedule due to school, use of informal care and other activities.
- The authorization must be changed by the worker.

There is a change in gross monthly income, which results in an increase of \$250 or more, or puts income above 200% of poverty, or a decrease of \$100 or more.

- CSAW automatically calculates the new authorization amounts.
- No manual intervention is needed.

The parent chooses a new child care provider.

- The authorization must be changed by the worker.

The child care provider's certification or license ends.

- CSAW automatically ends the authorizations effective Saturday following the date the provider's regulatory status ended.

There is a change in household composition, which may affect eligibility or hours of care eligible for Wisconsin Shares.

- CSAW automatically recalculates the new authorization amounts.

Eligibility is lost due to a change in income, or not participating in an approved activity, or any of the non-financial eligibility criteria such as residency, cooperation with child support, etc.

- CSAW automatically ends the authorization, effective the end of the eligibility month.

The parent and/or child move out of the county.

- When the worker does the county transfer, all authorizations to the case ends on Sunday after two weeks of the transfer date.

3.8.4 10-Day Notice When Changing Authorizations

As of February 2006, the only time a 10-day notice to providers is required is when a parent loses eligibility, except when they failed to report a change that would make them ineligible.

If a change is reported by the provider regarding a family's circumstance, the local agency must confirm this information with this family and take the appropriate action within 10 working days.

3.8.5 When Changes are Reported after Taking Effect

If the change in the authorization will result in an increased child care benefit, the current authorization must be ended back to the most previous Saturday and the new authorization must begin the Sunday just prior to the current date.

If the change in the authorization will result in a decreased child care benefit, the current authorization must be ended effective upcoming Saturday.

Note: If the parent has not reported the change timely (within 10 days of the change) and there has been a decrease in child care benefits, an overpayment may have occurred. See Chapter Two.

3.8.6 When Changes are Reported Prior to Taking Effect

If the change in the authorization will result in an increased child care benefit, the current authorization must be ended the Saturday just prior to the change taking effect and the new authorization must begin the next day.

If the change is occurring within the next 10 days and will result in a decreased child care benefit, the authorization must be ended effective upcoming Saturday

If the change is occurring more than 10 days in future and will result in a decreased child care benefit, the authorization must be ended the Saturday just prior to the change taking effect and the new authorization must begin the next day.

3.8.7 Ending Authorizations

Child care administrative agency workers must end authorization when:

- The parent is no longer in an approved activity.
- The child is no longer cared by the authorized provider.
- The child and/or parent move to another county.
- Household composition changes eligibility.

Note: CSAW will end the authorizations automatically at Adverse Action for closed child care cases.

When the child is still in care and the worker is notified prior to the child leaving the program, the worker should manually end authorization with an effective date of Saturday after the date of the child's last day of attendance.

When a child is no longer in care and the worker is notified after the child has left the program, the worker should end the authorization.

- The parent is responsible for notifying the child care provider and may be held to contractual obligations to pay for failure to provide agreed-upon advance notice.
- The worker should end the authorization as of the last Saturday of the week that the child was in attendance.

When the provider has terminated the child from attending the program, the worker should end the authorization the Saturday after the last day the child was in attendance.

The worker should not enter the authorization to the new provider until the authorization to the first provider has ended within the guidelines described above *unless* the provider can no longer provide the care needed *or* if the parent leaves the previous provider due to allegation of abuse or inadequate or unsafe care.

The local agency may not authorize the child to a new provider while the authorization is in place for the previous provider.

3.8.8 Eligibility Lost

Authorizations must be ended when eligibility for child care assistance ends. Local child care administrative agency workers must use the appropriate closing guidelines listed below contingent upon the reason for the eligibility failure.

3.8.9 Increased Income

When eligibility for child care is lost due to increased income, the authorization should end on the Saturday following the end of the last month of eligibility. A 10-day notice is required to both the family and provider indicating the authorization is ending. CSAW will end the authorization automatically at this time, if the case is closing at Adverse Action in the last month of eligibility.

It is agency discretion to re-determine the authorization to reflect the highest level co-payment for cases that will lose eligibility the following month, due to being over income.

CARES will close the case at adverse action. CSAW will send a notice to the parent and child care provider the Monday following the date the authorization was changed.

3.8.10 Parent No Longer in an Approved Activity

If reported within 10 days, manually end the authorization by counting ahead 10 calendar days, beginning with the current date and ending on the Saturday following the tenth day. CSAW will send the notice to the family and provider the Monday following the date that the authorization was changed. If the change was not reported timely, manually end the authorization the following Saturday.

3.8.11 Foster Parent Adoption of Their Foster Child

If eligibility for child care is lost due to a foster parent adopting their foster child, the authorization should end on the Saturday following the end of the last month of eligibility. A 10-day notice is required to both the family and provider indicating the authorization is ending. CSAW will end the authorization automatically at this time, if the case is closing at Adverse Action in the last month of eligibility.

3.8.12 Attendance Entry During the 10-Day Notice

Reimbursement during the 10-day notice period reflects the reimbursement policies for any on-going eligibility: attendance based authorizations will be reimbursed on an actual hourly use rate and enrollment based authorizations will be reimbursed in full week periods if there is at least some attendance each week.

3.8.13 Authorization Notices

CSAW issues authorization notices to parents and providers. The authorization notices are sent in batch on the Monday following the date a worker enters, deletes or ends an authorization.

Authorization notices are also sent in the event CSAW recalculates an authorization.

- If the authorization begin date is more than 14 days in the future, CSAW will wait to send the authorization notice until 14 days prior to the authorization begin date.

- CSAW issues authorization notices during adverse action when a case is losing eligibility for child care.

3.9.0 SHARED PLACEMENTS

3.9.1 Two Parents Using the Same Provider

In shared placement cases, where both parents have their own cases, the authorizations should usually be attendance based if the child lives with mom for one week, then dad for the next week and the same provider is used.

The authorizing worker should communicate to the provider that attendance should only be recorded for those weeks (days) when the child is living with the parent for whom the care is authorized.

The Attendance Report Form (ARF) has been modified to include the Primary Person's (Parent's) name to make it easier for the providers to record the hours against the correct parent in shared placement cases.

3.9.2 One Parent

In shared placement cases, where only one parent receives child care subsidy, the authorization should be based on attendance. The provider should be instructed to enter attendance only for the hours when the child was in day care and in the custody of the parent eligible for subsidy.

3.9.3 Shared Placement and Enrollment Authorization

The only time Enrollment authorizations should be used is if the parent has placement for the same days each week and has a constant, unchanging need for weekly child care.

Example:

The children are with mom every Monday through Wednesday and every other weekend, the authorization can be issued on enrollment basis to cover Monday – Wednesday.

3.10.0 PAYMENT PROCESS

3.10.1 Attendance Reporting Forms (ARF's)

Require the completion and return of all Attendance Report Forms to the local child care administrative agency for children authorized for child care funding.

Once attendance is entered in CCPI, a check is issued to the child care provider or an electronic fund transfer (EFT) is directed to the provider's financial institution.

Local agencies must develop and communicate their policy to providers of the last day/time in which the provider must submit the Attendance Report Form (or CCPI online attendance reporting) to guarantee issuance within ten (10) business days. In addition, the worker may require additional time to process the time sheet if there is a program integrity concern related to the provider's submitted attendance.

Processing of Incomplete or Inaccurate Paper Attendance Report Forms (ARF)

For paper attendance report forms, the Milwaukee Early Care Administration (MECA) or local agency outside of Milwaukee County must process payment requests only for the completed attendance information that has been submitted by a provider on a signed ARF unless there are identified program integrity concerns. Incomplete or inaccurate attendance on the ARF may be returned to the provider for corrections and unsigned forms must be returned to the provider for a signature.

The department recommends that local agency workers should not modify ARF attendance errors submitted by providers. However, local agency workers have

discretion to either correct errors or send the ARF back to the provider for corrections with the appropriate Child Care Attendance Correction Request Form located at one of the following links:

http://dcfweb/forms/doc/dcf_f_211.doc (In Milwaukee County for use by MECA)

<http://dcf.wisconsin.gov/forms/pdf/399.pdf> (Agencies outside of Milwaukee County)

All changes made to an ARF by MECA or a local agency worker must be initialed and dated by the worker or local agency representative. The change or mailing of the ARF to the provider for corrections must also be noted in the comment section in the provider's record in Child Care Administration on the Web (CSAW).

Examples of changes which may be made to the ARF by MECA or local agency workers include:

- Simple mathematical errors;
- Omission of weekly total;
- Blanks replaced with zeroes.

Examples of when to return an ARF to a provider with a Child Care Attendance Correction Request Form:

- Illegible writing;
- Severe mathematical errors;
- Significant omissions.

Corrected ARF received by the MECA or the local agency must be re-signed and dated by the provider and are to be processed for payment.

The MECA or local agencies should consider changing a provider's attendance reporting to either the "In and Out" or "Daily" mode in accordance with Child Care Manual, Chapter 3, Section 3.10.1.1 if they receive ARF that are incomplete or inaccurate.

3.10.1.1 Attendance Reporting Modes

Attendance reporting module have the following three modes:

Weekly Mode

Providers/workers enter the total number of hours the child attended during a week in CCPI or on the paper Attendance Reporting Form (ARF).

Daily Mode

This CCPI attendance mode mimics the Attendance Report Form (ARF) and requires the provider/worker to enter exact daily hours and minutes similar to the paper ARF. CCPI adds the daily hours and minutes for a weekly total.

In/Out Mode

This mode requires the provider/worker to enter the actual arrival and departure times for each child in subsidized care in CCPI or on the paper ARF.

Weekly mode allows the user to enter the hours after the attendance period has passed. Daily and In/Out modes allow the provider to enter attendance for current and previous dates.

3.10.1.1 Changing Attendance Reporting Modes

In Milwaukee County, MECA must change provider's attendance reporting to In/Out mode if the provider meets any of the following criteria:

- The provider has a history of caring for more than the allowable number of children based upon licensing or certification regulations.
- The provider is regularly listed on the 6+ (certified) or 12+ (licensed family) reports.
- The provider has a history of or there are concerns of inaccurate attendance reporting.
- The provider is licensed or certified to provide 16 or more hours of care per day of operation.
- The family provider is both certified and licensed.

In addition, MECA may consider requiring the Daily or the In/Out mode for providers that consistently have a history of any of the following:

- Difficulty summarizing and/or rounding the daily and weekly hours;
- Inaccurate or disorganized daily attendance record keeping;
- Needing additional supervision in attendance reporting.

Changing a child care provider's attendance reporting mode is optional on the part of local agencies outside of Milwaukee County. In changing a provider's attendance mode, the local agency accepts the responsibility of all associated workload.

It is *recommended* that local administrative agencies outside of Milwaukee County change providers' attendance to the In/Out or Daily mode if they meet any of the following criteria:

- Providers/centers that have a history of caring for more than the allowable number of children (exceeding licensed/certified capacity).
- Providers/centers regularly listed on the 6+ (certified) or 12+ (licensed family) reports.
- Providers/centers with a history of or concerns of inaccurate attendance reporting.
- Providers/Centers that are licensed or certified to provide 16 or more hours of care per day of operation.
- Family providers who are both certified and licensed.
- Providers who have history of difficulty when summarizing and/or rounding the daily and weekly hours.
- Providers who have a history of inaccurate or disorganized daily attendance record-keeping.
- Providers that the agency believes need additional supervision in attendance reporting.

3.10.2 Attendance Reporting: Rounding

Licensing and certification rules require the provider to record actual arrival and departure times. The recommendation is that the parent signs the time in hours and minutes.

Wisconsin Shares child care assistance attendance reporting requires child care providers to round the hours to the nearest full hour or half-hour.

Examples on recording daily attendance hours on the subsidy Attendance Record Form (ARF):

Child attends 8 hours and 10 minutes. Round down to 8 hours.

Child attends 8 hours and 15 minutes. Round up to 8.5 hours.

Child attends 8 hours and 45 minutes. Round up to 9 hours.

Summarize daily hours to a weekly total and round up to the closest full hour.

Example:

43.5 hours would be 44 hours.

3.10.3 Attendance Confirmation

Each administrative agency is allowed to elect whether they are a Confirmation Agency or a Non-Confirmation Agency.

The department expects both confirmation and non-confirmation local agencies to continue a high level of monitoring attendance reporting.

3.10.4 Confirmation Agency

If an administrative agency chooses to be a confirmation agency it means that a local agency staff person with the proper CCPI security access must go to the attendance screen on CCPI) and confirm the data entered, child-by-child, for each week of the two-week attendance period, by checking the appropriate confirmation indicators.

A special CCPI report will be provided listing provider data awaiting confirmation. Confirmation action must be taken by the local child care agency in order for a payment to be made to the provider.

3.10.5 Non-Confirmation Agency

If an administrative agency chooses to be a non-confirmation agency it means that payments for attendance entered through CCPI/CCWA will be issued during the regular batch issuance job without any active intervention by the local child care agency.

When agencies choose to be non-confirmation agencies they continue to be responsible for developing a monitoring system for accurate attendance reporting.

The timing of non-confirmation attendance processing is the same as if the local agency had entered the attendance directly themselves. All confirmation fields on the attendance screens for non-confirmation agencies will be either blank or protected.

Whether a county/tribe has elected to be a confirmation or non-confirmation agency, attendance monitoring (observing unusual utilization patterns, tracking for possible provider error or fraud, taking appropriate follow-up action, etc.) is a requirement.

3.10.6 Provider Location Confirmation

Provider Location Confirmation allows counties to either release individual providers from having attendance confirmation, or switch a provider to having attendance confirmation. Only the Entered County or the Location County may select providers to have the confirmation requirement. Both confirmation and non-confirmation counties may switch individual provider locations to being confirmation or non-confirmation.

For example, confirmation counties may choose to release providers that have accurate attendance reporting history to being non-confirmation. Similarly, non-confirmation counties may choose to switch an individual provider location to confirmation if the agency has concerns with attendance reporting.

When an agency authorizes to a location with Provider Location Confirmation, attendance must be confirmed by the county of residence or tribal worker unless the consortium attendance processing arrangements are with another county. This includes non-confirmation counties that authorize to provider locations in other counties that are Provider Location Confirmation. Provider Location Confirmation is limited to two individuals per agency.

3.10.7 Overrides

Full-time Authorizations: Any authorization between 35 and 50 hours is considered full-time. Payments are not allowed for overrides to full-time authorizations between 35 and 50 hours unless the child attends more than 50 hours. This applied to both certified and licensed providers.

Example:

A child has a 35-hour attendance based authorization to a licensed center. She usually attends 45 hours., The system design will not allow an override for attended hours between 35 and 50. One week, the child attends 55 hours due the parent working overtime. The parent requests extra hours to be paid. In this case, the worker can enter an override, but the system will only pay the hours over 50 (5 hours in this case).

Part-time Authorizations: An authorization is considered part-time if the weekly authorized hours are less than 35 hours. For part-time authorizations, overrides are possible up to 35 hours of care and then again above 50.

The CSAW Issuance User Guide has been updated to show the calculation details on overrides. The override logic went into effect for overrides entered for attendance periods after 1/26/09.

3.11.0 BREAKS IN EMPLOYMENT

3.11.1 Authority to Pay for Holding a Slot

Child care administrative agencies may authorize payment to a child care provider to hold a slot for a child if the parent has a temporary break in employment and intends to return to work and continue to use the same child care provider upon return to work. The purpose of this provision is to assure that the child's place in care will remain available to the child after temporary absences.

3.11.2 Situations When a Slot Can Be Held and Time Limits

The agency may authorize payment for no more than six (6) weeks if the absence is due to a medical reason and is documented by a physician or for no more than four (4) weeks if the absence is for the other reasons listed below:

Situation	Maximum Number of Weeks of Leave
1. Parent is temporarily laid off but will be return to work within 4 weeks.	4 weeks
2. Parent has a temporary break in employment but the parent will be returning to an approved activity within 4 weeks. Note that this excludes when a parent loses employment and is seeking new employment.	4 weeks
3. Parent is on medical leave from employment but will be returning to work within 6 weeks.	6 weeks
4. Once per calendar year, family is on vacation but will be returning within 2 weeks.	2 weeks
5. Child is ill but will be returning to child care within 6 weeks.	6 weeks

"Holding a slot for a parent is to begin an approved activity within two weeks" has been eliminated as an approved reason.

3.11.3 Conditions Required for Holding a Slot

The following conditions must be met before a slot can be held and payment made to a child care provider:

- The authorization must be on an enrollment basis.
- A slot cannot be held if the child is authorized on an attendance basis (when authorizing on attendance basis, the system automatically lifts the weekly rate ceiling by 10% to compensate for absences if the provider's rate are higher than the weekly ceiling by at least 10%).
- The parent must be both receiving Wisconsin Shares child care assistance and also be employed prior to the leave.

Example:

Kathy and John have a 2-year-old-child. John works 3rd shift and Kathy 1st shift. They have not needed child care because of the alternating work schedules. Kathy needs medical leave and cannot care for her child while recuperating. She applies for child care. The county/tribe cannot approve to hold the slot in this care because the parent was not receiving Wisconsin Shares child care assistance prior to the leave.

- The parent must intend to return to work to the same employer immediately after the leave.
- If the leave is longer than what the subsidy can pay, the slot cannot be held.

Examples:

Mary needs surgery and according to her physician, she needs three weeks to recover from the surgery and cannot work during the recovery time. The administrative agency may pay the child care provider to hold the slot if there is a risk that the child(ren) will lose the slot.

Lisa is due to have a 2nd child. She wants to stay home ten (10) weeks after the child's birth. DXD 201 rule allows payment up to six weeks for maternity leave. According to the rule, the parent must have intent to return to work immediately after the leave. Since Lisa does not plan to return to work within the six weeks, the agency would not pay the child care provider to hold the slot.

- After the leave, the parent must return to the same employer. The job/tasks may change, but the employer must be the same. The intent to return to the same employer must be reasonably accurate at the time of approval to hold the slot was granted. The local agency may ask for a statement from the employer verifying that the parent will have employment after the leave.

Examples:

Laura is employed by a school district. She is on unpaid leave during Christmas break. She will have the same job once the school resumes after the holiday. The subsidy may pay to hold the slot because she will be returning to the same employer.

Bill resigned from his job but plans on taking two weeks vacation before he starts a new job for a different employer. The subsidy cannot pay to hold the slot because the employer will not be the same after the break and slots are not held when employment ends.

- The provider must be the same before and after the leave.

Example:

Karen will take six weeks maternity leave. She asks her worker if the subsidy can hold the slot for her two-year old while she is on maternity leave. After the leave, Karen will continue with the same employer, however, her current provider does not accept infants so Karen plans to enroll her two-year old and the new baby with another provider. The subsidy would not pay in this case because the two-year-old is not returning to the same provider.

3.11.4 Consecutive Leaves

The administrative agency may not approve multiple, consecutive leaves unless the parent has returned to work at least for one week after the week ends before the 2nd leave can start. In these cases, the child must attend care at least 50% of that week.

Example 1:

Ellen is pregnant and due with her baby in six weeks. Her doctor orders bed rest. Ellen requests her worker to hold the slot for her three-year-old son during her medical leave. After the best rest, Ellen requests an additional six week maternity leave to begin immediately after the bed rest leave. The local agency may not approve to hold the slot because it is a continuation of the leave and exceeds the six week time limit.

Example 2:

Jim is temporarily laid off from his work as a construction worker. Jim brings in a statement from his employer to his worker verifying that he will have employment after four weeks. Week three into his break in employment Jim has an accident and breaks his leg. According to the doctor, it will take about six weeks for the leg to heal. In this case, the local agency will have to stop paying the provider after three weeks because the parent does not intend to return to work immediately after the leave. The agency would also refuse to pay for the slot during Jim's medical leave because it following right after the temporary layoff.

Example 3:

Sue is laid off from her employer for the month of December. The county agrees to hold the slot for four weeks for Sue's infant. On December 15th she gets a notice from her employer that the layoff will be extended through January. The administrative agency would have to stop payments to the child care provider effective December 15th because the temporary break in employment will be more than four weeks.

3.11.5 Attendance While Holding a Slot

If the administrative agency is unable to negotiate a lower rate and agrees to make full payment during any of the approved slot-holding times, the provider must let the child attend care.

3.11.6 Provider Vacation Policy

When a provider has indicated that their child care program will be closed and the closure will be for one week or less per year, payment will be made to that provider if the authorization type allows for such a payment (i.e. the authorization type is enrollment).

- The closure of the child care program can be due to the provider being on vacation, a medical reason, preparation of the center for a season change, or any other reason.

When the authorization is based on attendance and zero hours of attendance are entered for the week, no payment will be issued for that child.

When the authorization is based on enrollment and zero hours of attendance are entered for the week, payment will be issued for the weekly authorized amount if the provider has contacted their local agency to request approval, and the agency has entered an approval in CSAW.

When a provider has indicated that the day care program will be closed for more than one week in a calendar year, payment to that program must be limited to one week. (Payment would only be issued for authorizations based on enrollment.)

- Under this circumstance, all authorizations should be ended for any period of time that the child care program is closed in excess of one calendar week.
- Ending the authorizations will ensure that payment will not be issued to this provider for any time beyond the first week that the program is closed.
- New authorizations would be entered once the day care program reopens.

If payment was made for more than one week in a calendar year to a program that was closed, that payment is considered a child care provider overpayment and must be recovered.

If the provider charges for the time period when their day care program was closed and payment for that time period cannot be issued in accordance with this policy, the parent may be responsible for paying the child care provider.

This policy applies to all child care providers.

3.11.7 Parent Time Off From Unsubsidized Employment

Working parents are allowed to use authorized child care hours for legitimate employer approved time off from work without incurring an overpayment.

A child care participant overpayment is created when the child is in child care, but the parent is not in their approved activity for child care. The overpayment must be recovered from the parent.

The worker can grant exceptions to the overpayment if the parent did not attend their approved activity with good cause.

If the approved activity is a W-2 related activity, it is the FEP's responsibility to determine good cause.

If the approved activity is a not a W-2 related activity (e.g. unsubsidized employment), it is the local agency worker's responsibility to determine good cause.

The local agency worker has discretion to determine good cause when a parent has not attended their unsubsidized employment using the following guidelines:

Parents who are on paid leave from their employers, such as using sick time, personal time, or vacation time, are considered as having good cause for missing their approved activity.

Parents who are on paid leave from their employers are allowed to use their authorized child care hours for the time period that they are “excused” from work without being subject to an overpayment penalty.

The parent must continue to be employed for the period of time they are excused from work and immediately thereafter.

Overpayments must be recovered.

Parents are required to only use child care when they are in an approved activity or excused from an approved activity. Non-approved activities such as running errands in addition to regular work hours are not allowed.

3.11.8 Jury Duty

The Wisconsin Shares subsidy program will continue to reimburse providers for child care provided for children whose parents are already receiving child care assistance and are serving on jury duty.

Wisconsin Shares reimbursement is limited to hours of employment missed for jury duty and does not cover jury duty for hours not normally worked.